

Born in Cleveland ☒ YES ☐ NO

PLEASE
LETTER
PLAINLY
OR TYPE

Artist

18

NO.

STREET

CITY

ZONE

FIRST NAME

LAST NAME

Tel.

Tel. Er-1-2048

DO NOT WRITE IN
THESE COLUMNS[illegible]

Use second blank if required

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Arline Soble

SIGNATURE _____

REC'D MAR 11 1968